

Testimony to be presented by Paul Errera, M.D. on May 6, 2003 before the House Committee on Veterans' Affairs Subcommittee on Health

Chairman Simmons, Members & Staff of the Subcommittee:

We are honored to be present at this hearing and grateful for the productive work of this Subcommittee and the superb leadership of Chairman Chris Smith and Congressman Lane Evans. The "we" I refer to are a special group of citizens who have served in our country's armed forces and who are homeless and afflicted with significant mental illnesses. We – this group – are in special need of your attention and concern if only to address and challenge – challenge the disproportionate shrinking resources made available for their care.

Our society has conflicted responses to the mentally ill. It is more comfortable when dealing with traditional medical or surgical symptomatology. Broken bones, heart disease, shrapnel wounds, infections – such symptoms get the therapeutic attention and resources that are required. However, when it comes to lack of housing and paralyzing fears, horrendous nightmares, depression, hallucinations, addictions, delusions – all possible aspects of mental illness – for these, we as a society are less compassionate, less likely to provide the necessary treatment and support options and more likely to denigrate or even ridicule the afflicted persons.

We bring flowers to the bedside of medical and surgical patients – why not for the psychiatric. We raise our voices before the legislature for the paralyzed, the blind and others physically disabled – much more hesitantly for the mentally ill.

As patients, we brag about our successful operation and the infection that has been subdued – not so for the hallucinations and delusions that have become less intrusive. We are proud of our good surgeon, our effective internist. We only whisper hesitantly to our closest confidant the name of our psychiatrist.

All of which reflects our discomfort with mental illness – providers as well as consumers -- and, hence, underscores the need for legislative support to assist those whose very disease makes them less likely to be offered help as well as less able to help themselves and may lead some of them into homelessness.

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Mr. Chairman, when I first appeared before this Committee in the mid-eighties, we protected enhanced mental health funding by fencing the money and, as a consequence, making it more difficult for the field to raid those coffers. Not surprisingly, throughout our nation, a significant number of medical center leaders objected to these central controls and over time were completely able to bypass them – hence, the disproportionate shrinking resources.

I remind us of this bit of history with the hope that, with your help, new structures may be put in place to protect and increase the chances that mental health treatment receives its fair and needed share of the available resources.